

Mobile Home Relocation Assistance Application: Multiple Reimbursement Form

I hereby certify under penalty of perjury that the foregoing information is true and complete to the best of my knowledge. I further understand that intentional misrepresentation in this application might result in the forfeiture of relocation assistance provided by the Mobile Home Relocation Assistance Act. I authorize Washington State Department of Commerce to make inquiries to verify the statements herein.

Mobile Home Owner's Signature: _____ Date: _____

Witness to Homeowner's Signature: _____ Date: _____

Please do not write below this line



Department of Commerce
Innovation is in our nature.

FORM
CTED19-1A

VOUCHER DISTRIBUTION

AGENCY USE ONLY

AGENCY NO.	LOCATION CODE	PR OR AUTH. NO.
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1030		
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VENDOR NAME AND ADDRESS**AGENCY NAME AND ADDRESS**

Department of Commerce
Office of Manufactured Housing
PO Box 42525
Olympia, WA 98504-2525

Mobile Home Relocation Assistance per RCW 59.21.050

Amount Requested: \$ _____

Single-Section Multiple-Section Amount Allowable for Reimbursement: \$ _____

FED TAX ID #					PROGRAM APPROVAL					DATE			
DOC INPUT DATE		CURRENT DOC NO		REF DOC NO		VENDOR NUMBER				SUFFIX			
ACCOUNT NO.				ASD NUMBER		VENDOR MESSAGE N/A							
TRANS CODE	M O D	MASTER INDEX	FUND	APPN INDEX	PROGRAM INDEX	SUB OBJ	SUB SUB OBJ	PROJECT	SUB PROJ	GL ACCT	SUBSID ACCOUNT	AMOUNT	INVOICE NUMBER
			205			NA						\$	Relocation
SIGNATURE OF ACCOUNTING PREPARER FOR PAYMENT									DATE		WARRANT TOTAL		INVOICE DATE
ACCOUNTING APPROVAL FOR PAYMENT									DATE				